

4WM-009(6/91)

**New Jersey Department of Environmental Protection
Division of Hazardous Waste Management**

WASTE CLASSIFICATION REQUEST FORM

SUBMIT THIS FORM FOR ALL WASTE CLASSIFICATION REQUESTS. **PLEASE READ THE ACCOMPANYING DIRECTIONS WHEN COMPLETING THIS FORM.** MAIL COMPLETED FORMS TO THE ADDRESS ON THE LAST PAGE. FOR FURTHER INFORMATION CONTACT THE WASTE CLASSIFICATION PROGRAM AT (609) 292-8341.

(Please Type or Print Clearly)

SECTION 1: GENERAL INFORMATION

GENERATOR

1. Company Name K. Hovnanian Co. of North Jersey, Inc. 2. EPA ID Number NA
3. Street Address 10 Highway 35 4. Municipality Red Bank
(where waste was generated)
5. County Morrmouth 6. State NJ 7. Zip Code 07701 8. Contact Mark Vansalous
9. Phone Number (908) 747-7800
10. Regulatory Program: ECRA ☐ RCRA ☐ CERCLA ☐ UST ☐ NJ Spill Act ☐ County/Local ☐ Other N/A
11. Agency Contact N/A 12. Date of Classification Request: 11-5-92

SUBMITTER (Complete if someone is submitting this request on behalf of the generator or if the generator's mailing address is different from above--All correspondence will be addressed to this company if this section is completed.)

13. Company Name J M Sorge, Inc. 14. Mailing Address 50 County Line Road
15. Municipality Somerville 16. State NJ 17. Zip Code 08876
18. Contact Michael McGowan 19. Phone No. (908) 218-0066

SECTION 2: WASTE TYPE INFORMATION

20. Waste Type: (Check the appropriate box for the type of waste to be classified. If the waste is not identified by any of the descriptions, check box "V". Required testing for the box checked is specified in Appendix 2.)

- | | | | |
|--|---|---|---|
| A. <input checked="" type="checkbox"/> soil contaminated with virgin petroleum fuel only | F. <input type="checkbox"/> spill cleanup waste (non-soil) | L. <input type="checkbox"/> sludge, N.O.S. | R. <input type="checkbox"/> household activities exempted waste |
| B. <input type="checkbox"/> soil contaminated with waste oil | G. <input type="checkbox"/> ash from fossil fuel combustion | M. <input type="checkbox"/> waste oil | |
| C. <input type="checkbox"/> soil contaminated with process waste | H. <input type="checkbox"/> ash from waste incineration | N. <input type="checkbox"/> grit and screenings | S. <input type="checkbox"/> construction/demo debris |
| D. <input type="checkbox"/> soil contaminated with virgin chemicals | I. <input type="checkbox"/> dredge spoils | O. <input type="checkbox"/> contaminated water | T. <input type="checkbox"/> products/raw mtl's. |
| E. <input type="checkbox"/> soil, N.O.S.* | J. <input type="checkbox"/> sewage sludge | P. <input type="checkbox"/> municipal waste | U. <input type="checkbox"/> process waste NOS |
| *Not Otherwise Specified | K. <input type="checkbox"/> process waste sludge | Q. <input type="checkbox"/> empty containers | V. <input type="checkbox"/> other waste |

21. Volume: ~3000 cubic yds. gals. (circle one), Disposed: once weekly monthly annually

KHOV005635

WASTE CLASSIFICATION REQUEST FORM

12. Waste Description: Describe in detail the waste to be classified. [If the waste is contaminated soil, describe how the soil became contaminated (i.e. "The soil became contaminated with #2 fuel oil during the removal of a leaking underground storage tank."). If the waste is off-specification, contaminated, or otherwise unusable product, or empty containers, describe the product, the reason the material is being wasted, and (for empty containers) how the containers were emptied and/or cleaned. If the waste is process waste, or contains process waste, describe all of the processes that generate, or contribute to the waste. For all other wastes, describe the type of waste to be classified and how the waste was generated.]

Soil contaminated with virgin petroleum fuels: #2 fuel oil, gasoline. The soil was contaminated with fuel from underground storage tanks at numerous locations throughout a 7-block inner city redevelopment area in Newark, NJ. All tanks were of 275 to 1000-gallon capacity, and were associated with residential structures. The tanks and contaminated soil were removed as part of a site-wide cleanup performed in advance of residential redevelopment.

(Check box if additional sheets are attached) []

13. Other uses of hazardous materials on the same site: Indicate any other processes, including storage, which involve the use of hazardous materials which have taken place on the site. Of special importance are those compounds and wastes listed in N.J.A.C. 7:26-8.13, 8.14, 8.15, 8.16, and 8.20. If these materials could have contributed contamination to the waste to be classified, please list them here.

None known

(Check box if additional sheets are attached) []

SECTION 3: SAMPLING INFORMATION

NOTE: Sampling of excavated/stockpiled waste must be performed in accordance with the approach listed in Appendix 1 of this form. Failure to do so will result in the return of your request. Sampling of all other wastes (e.g. drummed waste, process wastes, *in situ* sampling of soil, etc.) must be approved, in writing, prior to sampling.

24. Was a site specific sampling plan pre-approved by the Waste Classification Program? (Y/N) y (If no, and you have not followed the sampling guidance in Appendix 1, your waste classification request may be returned due to inadequate sampling.)

If yes, the following items must be attached:

- i. the proposed sampling plan;
- ii. the Bureau's letter of approval;
- iii. an addendum describing any deviations from the approved plan which occurred during sampling.

SEE ATTACHMENT ONE

KHOV005636

page 2

WASTE CLASSIFICATION REQUEST FORM

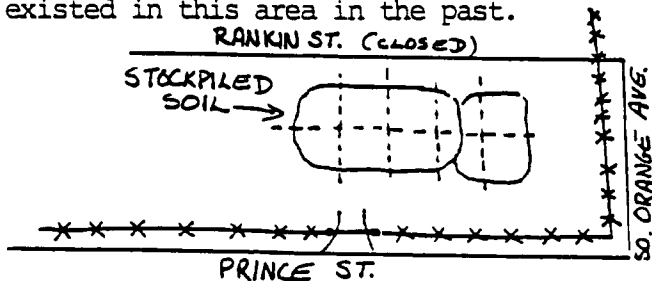
5. Sampling Methodology: (Check the appropriate box for the method of sampling used. If the method is not identified by any of the descriptions, check box "I." and explain methods used)

A. ☐ split spoon B. ☒ boring C. ☐ dredge D. ☐ wipe
 E. ☐ test pits F. ☐ grab G. ☐ liquids sampler H. ☐ chip
 I. ☐ other (explain)

6. Sampling approach: random positive bias (circle one)

7. Site Diagram: A site diagram (showing the location of the waste to be classified, sampling locations, the locations of any nearby process, storage, or waste disposal areas, and the present or past location of any nearby electrical transformers) is necessary for most classifications and should be submitted. The diagram may be drawn in the space below, or submitted as a separate attachment. If one is not supplied, and found to be necessary, the processing of your request will be suspended pending receipt of the diagram.

The stockpiled soil is located on a vacant city block. There are no nearby process, storage or disposal areas or transformer location, nor are any such areas known to have existed in this area in the past.



EACH GRID SPACE REPRESENTS
APPROXIMATELY 300 CUBIC YARDS
OF MATERIAL.

diagram drawn by M. McGowan

8. Compositing Scheme: Indicate the number of discrete samples comprising each laboratory sample composite.

Laboratory Sample (composite) I.D.#	No. of Discrete Samples Compositied to Make Lab Sample	Laboratory Sample (composite) I.D.#	No. of Discrete Samples Compositied to Make Lab Sample
73667	5	73674	5
73668	5	73675	5
73669 (75229)	5 (5)	73676	5
73670	5		
73671	5		
73672	5		
73673	5		

(Check box if additional sheets are attached) []

SECTION 4: ANALYTICAL RESULTS AND QUALITY ASSURANCE DELIVERABLES

The minimum testing and quality assurance requirements specified in Appendix 2 must be performed and the results/documentation submitted with this form. The Department reserves the right to require additional testing and information if deemed necessary for issuance of a letter of classification. For more information, see Appendix 2.

SEE ATTACHMENT 2

KHOV005637

WASTE CLASSIFICATION REQUEST FORM

29. GENERATOR CERTIFICATION: I certify that I have personally examined and am familiar with the information submitted in this form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that omission of information, or submission of false information could render the Department's opinion on this waste null and void, and that illegal disposal of nonhazardous and/or hazardous waste could subject me and my company to both civil and criminal penalties. I am also aware that the Department's opinion on the hazardous/nonhazardous status of the material/waste represented by the information presented on this form, in no way relieves my responsibility to properly determine whether the waste generated is a hazardous waste in accordance with the provisions of N.J.A.C. 7:26-1,4,7-12 et seq.

I am MARK TODD VANSEDOUS and am employed by K. HOFFMAN COMPANIES
(print first, middle, last name) (company name)

in the capacity of ASSISTANT PROJECT DIRECTOR on this day 11-9-, 1992.
(job title or position) (month, day, year)

Mark Todd Vansedous (signature)

Waste Composition Certification

NOTE: Generators who, through knowledge of the waste to be classified, can certify that these compounds are not present in the waste may sign this certification in lieu of certain testing. Please check the appropriate box(es) and sign the certification. Required testing is specified in Appendix 2.

I hereby certify, to the best of my knowledge, and after diligent searching and examination of all pertinent records, including personal interviews with all persons who may have knowledge on the subject, that none of the following chemicals for which the boxes are checked ever have been used, stored, spilled, or disposed in such a way that they may potentially be present in the waste to be classified. (Check the box(es) for those chemicals which you are certifying are not present in the waste.)

Wastes listed in N.J.A.C. 7:26-8.13, 8.14, 8.15, or 8.20 ☒ [X]

Toxicity Characteristic pesticides and herbicides ☒ [X]

Toxicity Characteristic volatile and semivolatile compounds ☐ []

Sulfide and cyanide bearing compounds (including naturally occurring) ☒ [X]

Polychlorinated biphenyls (PCBs) ☐ []

I am MICHAEL MCGOWAN and am employed by J. M. SORGE, INC.
(print first, middle, last name) (company name)

in the capacity of SENIOR GEOLOGIST on this day NOV. 13, 1992
(job title or position) (month, day, year)

I am certifying based upon knowledge/information that covers the time period from MAY 1992
to PRESENT (date) Michael McGowan (signature) (date)

COMPLETED FORMS AND COPIES OF ORIGINAL LABORATORY REPORTS FOR ALL REQUIRED ANALYTICAL WORK AND MUST BE MAILED TO: WASTE CLASSIFICATION SECTION, BUREAU OF HAZARDOUS WASTE REGULATION AND CLASSIFICATION, NJDEP - DHWM, CNO28 401 EAST STATE STREET, TRENTON, NJ 08625. INCOMPLETE FORMS WILL BE RETURNED, RESULTING IN DELAYS. THE DEPARTMENT RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION IF DEEMED NECESSARY.